ANNUAL REPORT FY2018

A Report to the Governor Regarding the Status of Mental Health Facilities and Treatment Programs Inspected by the Board from July 2017 through June 2018.

Mental Disabilities Board of Visitors

Contents

MENTAL DISABILITIES BOARD OF VISITORS
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SITE INSPECTIONS FY 2018

Date of Inspection	Facility	Team Members
March 2018	Montana Developmental Center, Boulder http://boardofvisitors.mt.gov/Portals/38/Documents/Site%20Inspection%20-%20Montana%20Developmental%20Center%20Boulder%20March%202018.pdf?ver=2019-01-09-124414-717	
June 2018	Pathways Treatment Center, Kalispell http://boardofvisitors.mt.gov/Portals/38/Documents/Site%20Inspection%20-%20Pathways%20Kalispell%20June%202018.pdf?ver=2019-01-09-124435-670	Daniel Laughlin, Board Member Sue Bodurtha, Consultant Craig Fitch, Staff Attorney LuWaana Johnson, Staff
Site Inspections Tentatively Scheduled for FY 2019		
November 2018	Montana Mental Health Nursing Care Center, Lewistown	
January 2019	Yellowstone Boys and Girls Ranch, Billings	
March 2019	Acadia, Butte	
April 2019	Montana Developmental Center, Boulder	
June 2019	Glendive Hospital Behavioral Unit, Glendive	

Types of Inspections:

The Board may conduct site inspections at any time, but inspections are primarily:

- routine, scheduled inspections, or
- special inspections prompted by specific issues that come to the Board's attention.

Other Functions and Duties of the Board

- review and approve all plans for experimental research or hazardous treatment procedures involving people admitted to Montana Development Center or any mental health facility
- annually complete an inspection of the Montana Developmental Center
- review and, if necessary, conduct investigations of allegations of abuse or neglect of people admitted to Montana Development Center or any mental health facility
- review and ensure the existence and implementation of treatment plans
- inquire concerning all use of restraints, isolation, or other behavioral controls
- assist persons admitted to Montana Development Center or any mental health facility to resolve grievances, and report to the director of the Department of Public Health and Human Services if the Montana Development Center or any mental health facility is failing to comply with the provisions of state law.

BOV Helena office / Advocate's Annual Report
2016 FY

The Advocate for the Board of Visitors (BOV) and Helena office staff, assisted approximately 525 constituents, their families, and members of the public via phone calls, emails and/or face-to-face meetings during the past fiscal year. Reasons for contacting the BOV are numerous and varied, to include, but not limited to, people requesting assistance, submitting grievances, arranging home visits for loved ones committed to state institutions, discussing a variety of options for loved ones, and concerns about getting their loved ones into a community-based setting, discussing commitment issues with a facility such as the Montana Developmental Center (MDC) in Boulder, the Montana State Hospital (MSH") in Warm Springs, or the Montana Mental Health Nursing Care Center ("MMHNCC) in Lewistown, Montana. Oftentimes, family members just need to talk to someone who listens in a compassionate, non-judgmental way and help explain the process to them.

Montana Developmental Center (MDC)

The census at the Montana Developmental Center is currently 25 residents. With the passing of SB 411, when a resident is discharged from MDC into the community their funding goes with them and no new admits are allowed. This situation has left MDC in a difficult position financially. However, residents remaining at MDC are receiving quality care and doing well with most all having improved behaviors. Of the 25 remaining residents, 6 reside in Unit 1, 7 reside in Unit 5 and 12 residents remain in the Assessment and Stabilization Unit (ASU) the "locked-down" unit. Units 2,3,4, and 6 have closed and windows are boarded up.

The BOV participated in approximately 87 Individual Treatment Plan (ITP) meetings, 1 Forensic Review Board meeting, and 3 parole hearings during the past year. BOV Advocate assists clients with grievances, attends ITP and other meetings to advocate on their behalf, helps clients stay on track with their goals and objectives, meets with clients who need to talk or are upset, reminds clients of their coping skills contained within their respective behavioral support plans when they become agitated or feeling overwhelmed, advocates when necessary on clients' behalf in other areas, provides independent oversight and review; and ensures clients receive humane and decent treatment.

The BOV conducted a Site Inspection of MDC on June 29, 2016. (*See report, MENTAL DISABILITIES BOARD OF VISITORS ANNUAL INSPECTION OF THE MONTANA DEVELOPMENTAL CENTER, June 29, 2016.*) The site inspection covered Units 1,3 and 5 (Unit 3 was still open at the time), the treatment mall, ASU, recreation and vocational buildings, and reviewed treatment plans and medical records.

MDC Allegations of Abuse and/or Neglect from June 30, 2015-July 1, 2016:

ICF-IID Staff to Client Allegations:
Substantiated Staff-Client: 7
Unsubstantiated Staff-Client: 34
Information Only Staff-Client: 4
Investigations in progress: 0
Total ICF-IID Staff-Client: 45

ICF-IID Client-Client Allegations:
Substantiated Client-Client: 10
Unsubstantiated Client-Client: 33
Information Only Staff-Client: 404
Investigations in process: 0
TOTAL IID Client-Client: 447

ICF-DD Staff-Client Allegations:
Substantiated Staff-Client: 13
Unsubstantiated Staff-Client: 15
Information Only Staff-Client: 1
Investigation in progress: 0
TOTAL DD Staff-Client: 29

ICF-DD Client-Client Allegations:
Substantiated Client-Client: 4
Unsubstantiated Client-Client: 29
Information only Client-Client: 370
Investigations in progress: 0
TOTAL DD Client-Client: 403

Groups Homes Utilized for MDC Clients:
-AWARE, Butte, MT
-AWARE, Great Falls
-MT/QLC, Great Falls
-MMHNCC, Lewistown
-Benchmark, Helena,
-Benchmark, Clancy (?)
-Benchmark, Indiana
-Flathead Industries, Kalispell

Clients Discharged in last year to other State Institutions:
-1 Client discharged to MMHNCC, Lewistown
-0 Clients to MSH
-1 Client discharged to MT State Prison, Deer Lodge
-1 Client discharged out of state
Restraints used in past fiscal year:
45 Clients placed in physical restraints
25 Clients placed in mechanical restraints

(The above Restraints are rated High or Medium and Restraints Related to Behavior, Restraint-other, Restraint-other/PRN, Restraint-other/Injury. No Physician Orders required for mechanical restraints)

Commented [JL1]: Old report information, need new information

BOV / MONTANA STATE HOSPITAL OVERVIEW AND STATISTICS
FY 2018

Under 53-21-104(6) MCA, the Board of Visitors (BOV) shall employ and is responsible for full-time legal counsel at the state hospital whose responsibility is to act on behalf of all patients at the state hospital. The Board's attorney represents patients at Montana State Hospital (MSH) during recommitment, guardianship, and transfer to Montana Mental Health Nursing Care Center hearings, and during administrative hearings (Involuntary Medication Review Board and Forensic Review Board). BOV staff also talk to patients and attend the grievance committee meetings when a grievance is filed. During the fiscal year, MSH admitted nearly 700 individuals for treatment and coordinated discharge from the facility for nearly as many patients. Average daily census at the MSH campus for the past fiscal year was approximately 200. The Forensic Unit at Galen houses another approximately 50 patients on average. Most of these individuals are at Galen for forensic evaluations and so they retain the services of their community defense attorney through the course of the evaluation process. BOV still reviews grievances and complaints of abuse and/or neglect from within this facility, and regularly schedules reviews of the treatment plans and other documentation for these individuals. BOV meets regularly with the administrator of MSH to present concerns and discuss issues related to advocacy of the patients served at the facility.

Commented [JL2]: I called Connie Worl, the average census for FY 2018 was 221 (which ***included Galen.***

	2018	2017	2016	2015
ADMISSIONS TO MSH	**798**	**790**	691	691
DISCHARGES FROM MSH	**783**	**818**	658	657
LEGAL REPRESENTATION				
Petitions for recommitment (*total number*)	**154**	**219**	242	219
AC	**14**	**23**	30	24
Recommitment	**10**	**11**	20	20
Transfer to MMHNCC	**1**	**1**	1	0
Guardianship	**2**	**5**	2	3
CI-90	**1**	**6**	7	2
Involuntary Medication Review Board (IMRB)	**168**	**161**	302	220
Initial	**82**	**72**	169	106
14-Day Review	**65**	**62**	96	85
90-Day Review	**21**	**27**	37	29
Forensic Review Board (FRB)	**49**	**23**	20	23
ADVOCACY				
Grievances (total number)	**1006**	**959**	1213	1005
Resolved by program manager	**800**	**633**	839	702
Addressed by Committee	**206**	**326**	374	303
Abuse/Neglect investigations	**44**	**41**	30	31
Treatment Plan Reviews conducted by BOV	**352**	**363**	272	395

OBSERVATIONS

The community providers and state facilities offer an array of services to our citizens who have mental illness and intellectual/developmental disabilities. An examination of those service systems reveals areas where the services compete with each other, areas where the services are inadequate, and areas where we have made vast improvements in services. Like most of the rest of the country, Montana is recognizing that mental illness, chemical dependency, and intellectual/developmental disabilities do not occur discretely, are not mutually exclusive, and treatment to address this complexity of need must be co-occurring.

Children who are identified at an early age as having behavioral health issues are at risk of developing lifelong disabilities. Trauma Informed Care research has revealed that adverse childhood experiences often increase long-term service needs and costs. The complicating factors for addressing treatment of this select group of individuals exists and is further confounded when, as they age, these young men and women are at high risk. These same studies have also revealed that this group often is at risk of developing a co-occurring chemical dependency issue, medical issues, housing struggles, and/or involvement with the corrections system. These evolving treatment needs are capturing the attention of programs that provide treatment and to policy makers at the Department of Public Health and Human Services (DPHHS), the Department of Corrections (DOC), and the Montana Legislature.

Services across Montana that address the treatment needs of these individuals are often times fragmented and not well integrated. Leadership staff at DPHHS often look to the service providers and urges providers to better integrate community-based services. Yet the organizational structure which designs and funds these services at the state level is often fragmented itself.

DPHHS has two divisions responsible to serve these individuals, Addictive and Mental Disorders (AMDD) and Developmental Services Division (DSD), while other individuals are under the jurisdiction of DOC. Both agencies are responsible to address mental illness, intellectual/developmental disability, chemical dependency, and criminal behavior. Legislation in recent years has provided some relief to the system by reimbursing for specialized services (crisis interventions and 189 transition monies); but again, this is a scattered, shotgun approach to funding services.

Community-based service policy has increasingly drifted toward Fee-for-Service programs over the past ten years. This is an outdated model which has little or no research demonstrating its efficacy. This often leads to community programs that cannot offer the basic service flexibility to address the needs of individuals who have complex treatment requirements. Service providers periodically report that they "cannot meet the needs" of some individuals who have been served in state facilities – the most restrictive treatment environment we have. When this happens, the individual often remains at the high cost, less effective facility for far too long. DPHHS does not have a method to incentivize providers that deliver excellent, innovative services to transition these clients out of state facilities.

Across the state, community-based services do not have enough transition options for all individuals leaving state facilities (MSP, MSH, MDC, MMHNCC) to effectively transition into community-based services. The bottleneck effect of individuals who cannot leave a state facility when a community provider cannot provide services is felt when state-owned facilities are full and expanding (i.e., Galen campus).

Department study groups, task force teams, advisory councils, and legislative committees have met, discussed these issues, made recommendations, and created a patchwork of remedies that do not fully address the systemic improvements that are currently needed. Solutions to the identified gaps in service may prove difficult because barriers are inherent in the system and lack of funding is not completely to blame. Without a long-range plan for system improvement that starts with strategic policy planning to identify and address change, the system will continue to evolve piecemeal. The cost of this system will continue to increase more rapidly than Consumer Price Index (CPI) and outcomes will continue to be poor across the spectrum.

What Montana is missing is a funding system that does not rely on fee-for-service, but movement toward an "Accountable Care Organization" model (ACO). This model would reward providers for quality care and encourage best practice models to develop in communities across the state. The current the fee-for-service model

keeps providers locked into an outdated, ineffective reimbursement model that has proven to be ineffective. Fee-for-service models incentivize volume over quality of care, the more patients a provider sees, the more they make, and quality of service becomes less relevant. Montana mental health and developmental disabilities providers will provide the type of services that DPHHS reimburses for, they cannot afford to do otherwise. The choice is, do we want to utilize funding for quality or quantity?

RECOMMENDATIONS

- Recognize the need for a thoughtful approach to funding effective, research-based services and begin a long-range planning process that will:
    - Accurately calculate the percentage of individuals who need services and which level of services they need, from intensive services to follow-along.
    - Survey service providers to determine the costs of serving individuals who have lifelong disabilities with research-based services.
    - Inventory existing transitional services, group homes, independent and semi-independent living, Mobile Community Treatment (MCT) teams, adult foster care, and pre-release centers to help determine what infrastructure must be created to facilitate discharges from state facilities.
    - Maintain an active/evidence-based crisis response system to divert individuals from entering the highest levels of care when what they actually need is short term stabilization.
    - Utilize an evidence-based outcome measure for these populations to better determine quality of services provided.

- Disburse funding to create pre-release centers with programs to serve these populations who need treatment and are on parole/probation from MSH, MDC, MWP, or MSP. These programs must be dovetailed with long-term housing options.

- Approach funding for services and programs differently, Accountable Care Organizations model (ACO).